h,		_			STANI	ARD CERTIF	ICATE OF DE	ATH			33774
lfaro ic ico	ĮF	TLED OCT	4 '	1957 Registration	District No	318 -	mary Registration	District 1.		EFILE NUI	. 902 <u>1</u>
ື ວ		PLACE OF D	EATH		·		2. USUAL RES	IDENCE (When	S O U. POU	If institution	n: Residence before admission)
0 56	F	b. CITY (If or	utside co	rporate limits, giv	TOWNSHIP and	·	c. CITY	7411 5	3007X		Inside Limits
ľ	\vdash	TOWN	St. 1	NOT in hospital,	aive location\ Le	Yes U No 🗆	T.OWN	$\frac{ST}{(3)} \times \frac{1}{3}$	PATTICE	· · · -	Yes D No D
93.	2	1 HOSPITAL	OR 🖊 🖯	OMER	C PLI	lips £	STREET ADDRES	is .	"(If 6urside, gr	ve location) Reside on Farm Yes□ No□
caus		MAME OF DECEASED (Type or print)	0:1	Fire T	_A	Middle	LEE		4. DATE OF DEATH	Month T	Day Year
itura	_	SEX	2 6 c	OLOR OR RACE	7. MARRIÉD L	EVER MARRIED	8. DATE OF BORTH		9. AGE (In years last birthday)	I UNDER 1	1
о Б		<u>M</u>		<u>C</u>	WIDOWED [DIVORCED [ruku	un	52	1	Paus Hours Min.
1 due 1	10a	PORT	working.	e kind of work done life, even if retired)	106. KIND OF BUSI	LESS OR INDUSTRY	11. BIRTHPLACE (C	ity and state or	country) G	U. C	of what country?
a death POSSIBI	13.	FATHER'S NAME	no	un			14. MOTHER'S MI	idën name K O WW	_		F13
₽ ╚				U. S. ARMED FORCE pine war or dates of se		IAL SECURITY NO.	A.F. W	ALTO	Add:		oddand
not certify PEWRITE			DEATH WA	Enter only one cause CAUSED BY: DIATE CAUSE (a)		•	rhace. H	lemorrh			INTERVAL BETWEEN ONSET AND DEATH
Ē ː		softening of the brain;									· · ·
Soroner & RIBBON		which go above c stating t	ive rise to ause (a), he under ause last				Septem			7.	***
. 8	CATION				CONTRIBUTING TO DE	TH BUT NOT RELATED	TO THE TERMINAL DIS	SEASE CONDITION	GIVEN IN PART I(a)	1	9. WAS AUTOPSY PERFORMED? YES NO
Z V	CERTIF	20a. ACCIDENT	SUIC		٠.	w injury occurre	ED. (Enter nature	of injury in Po		tem 18.).	7
casuall Y BL	DICAL	20c. TIME OF ,		Month, Day, Year 9-21-57	<u> </u>	:			200)
<u>ਡ</u> ੈ\ਲੂ	I≝I	20d. INJURY OC		20e. PLAC	E OF INJURY (e. g., , factory, street, off	in or about home,	20/. CITY, TOWN			OUNTY	STATE
must. USE	١. ا	WORK U	AT WOR	' <i> </i> -	lome		St. I				Mo.
<u> </u>	Γ	21. I attended the deceased from, to and last saw her him alive on Death occurred at 7:40 P m on the pite stated above; and to the best of my knowledge, from the caused stated.									
ř. P		22a SIGNATU		2	(Design or mile)	7 / 3	226. ADDRESS	cl	en s		22c. DATE SIGNED
805001	232	BURIAL, CREMATI REMOVAL (Speci	8H. 236 (y) 0	190	232.	FATERY 905	Fran	23d. LOCAT	ION (City, lowno.	r county)	(Sigle)
= (1	TINYAL VNERALDIRECT	ror	1	DRESS	F 1 2500	ATE RECD. BY LOCAL	REG. 26. R	IEGISTRAR'S SIGNA	TURE	/ n. a.
	<u> </u>	vii l	WA	son .	(JO)	halmar's Statem	SEP Z / O	Side)	Court /	muy	r min
					'CICAHSAG CIN	, , , , , , , , , , , , , , , , , , ,	110 10 10 10 10 10 10 10 10 10 10 10 10	4.00		""	

TEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e by me, or by ...

working under my personal supervision..

Signature of Student Embalmer

Licensed Embalmer No 34

P. O. Address 40 Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license). . If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.